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CONFIRMATION NO. 9703

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|--|---|--|---|---------------------------------------|---|---|
| SERIAL NUMBER 10/600,175 | FILING or 371(c) DATE 06/20/2003 RULE | CLASS 606 | GROUP ART UNIT 3735 | ATTORNEY DOCKET NO. LE-204J | | |
| APPLICANTS Robert I. Rudko, Holliston, MA; Mark R. Tauscher, Medfield, MA; Richard P. Yeomans JR., Medway, MA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 08/14/2003 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/AHMED M FARAH/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance AF Initials | STATE OR COUNTRY MA | SHEETS DRAWINGS 10 | TOTAL CLAIMS <input type="text" value="6"/> | INDEPENDENT CLAIMS <input type="text" value="5"/> |
| ADDRESS landiorio & Teska 260 Bear Hill Road Waltham, MA 02451-1018 UNITED STATES | | | | | | |
| TITLE Endovascular tissue removal device | | | | | | |
| FILING FEE RECEIVED 738 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |